



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
Web Site: www.dhmh.md.gov/bswe/

Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

January 2014

Dear Applicant:

Enclosed is an application for licensure by **ENDORSEMENT** as a Licensed Certified Social Worker (LCSW) or Licensed Certified Social Worker-Clinical (LCSW-C) FOR social workers who **PRACTICED ADVANCED SOCIAL WORK FOR AT LEAST 5 YEARS OUT OF THE PAST 10 YEARS.**

Use this application IF you have at least 5 years out of the 10 years preceding your application to the Board of active social work practice at an advanced licensure level equivalent to the LCSW or LCSW-C. **An applicant must have passed an examination as a condition of social work licensure.**

If your out-of-state advanced social work license was obtained without taking an examination you cannot use this application. You will need to complete an application by examination.

NOTE: the license application fee is non-refundable.

On the reverse side of this page you will find the requirements for licensure.

PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS DO NOT SUBMIT PHOTO COPIES OR FAXED COPIES.

Keep a copy of your application for your records.

Detailed instructions are included for completing the various forms. **Please review all of the material very carefully.**

An individual with an ACTIVE Advanced or Clinical social work license in another jurisdiction and a PENDING application with the Maryland Board, may take a social work position in Maryland, for up to six months, while the application is being processed.

For further information or clarification, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541.

MARYLAND BOARD OF SOCIAL WORK

Social work practice in Maryland is governed by the Maryland Social Workers Act, Title 19 of the Health Occupations Article of the Annotated Code of Maryland and the Code of Maryland Regulations (COMAR) Title 10 Subtitle 42 Chapters 01 through 09.

The following information is provided as a synopsis of the licensing requirements and is not a substitute for thoroughly reviewing the statute and the regulations.

Out-of-state applicants with at least 5 years of social work experience at a level equivalent to the certified social worker license or a certified social worker-clinical license shall meet the requirements of § 19-302, § 19-302-1.

§ 19-302. Qualifications of applicants:

- (a) To obtain a license, an applicant shall demonstrate to the satisfaction of the Board that the applicant:
 - (1) Has submitted a complete written application in the form prescribed by the Board;
 - (2) Is at least 18 years old;
 - (3) Is of good moral character;
 - (4) Except as otherwise provided in this title, has successfully passed an examination or examinations prescribed by the Board pertinent to the license sought; and
 - (5) Has paid all applicable fees specified by the Board relative to the licensure process.

§ 19-302-1. To Obtain a Certified Social Worker License or a Certified Social Worker License-Clinical, an out-of-state applicant shall:

- (1) Meet the requirements of § 19-302(a).....
- (2) Be licensed or registered to practice social work in another state at a level of licensure that is equivalent to a Certified Social Worker license or Certified Social Worker-Clinical license;
- (3) Have passed an examination in that state as a condition of licensure;
- (4) Have performed at least 1,000 hours of compensated social work practice per year for 5 years out of the 10 years preceding application to the Board.

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4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215-2299
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www.dhmfh.maryland.gov/bswe

LCSW & LCSW-C BY ENDORSEMENT

WITH 5 OUT OF THE PAST 10 YEARS OF ADVANCED SOCIAL WORK PRACTICE

APPLICATION INSTRUCTIONS

ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD

ALL SECTIONS OF THE FORMS MUST BE COMPLETED IN BLUE INK

CHECK LIST:

Please use the following check list to be certain your application packet is complete.

- ☐ Check or money order, payable to the Maryland Board of Social Work, for \$100
- ☐ Application Form
- ☐ Verification of Out-of-state Social Work Licenses
- ☐ Official Examination Report
- ☐ Three Professional Reference Forms
- ☐ Employment Certification form(s)
- ☐ Resume
- ☐ Official MSW transcript with the date the MSW degree was awarded/conferred
- ☐ **Criminal History Records Check (CHRC)** – First submit your completed application then complete the CHRC

PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY

According to the social work statute §19-303

“the Board shall review each application and notify each applicant within 60 days from the date the Board received a complete application from the applicant.”

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes

in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

DOCUMENTATION:

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

APPLICATION FORM:

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

NAME

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

RACE / ETHNIC IDENTIFICATION

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

QUESTIONS #1 THROUGH #6

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed explanation. For questions #4 and #5 also provide a certified copy of the police/court record and final disposition.

VERIFICATION OF OUT-OF-STATE LICENSE(S):

All applicants must have the out-of-state licensing Board(s) complete the enclosed license verification form. The completed licensure verification form(s) must be returned to you, remain in the sealed envelope and be submitted with your application. No online license verification will be accepted.

OFFICIAL EXAM SCORE REPORT:

ASWB – Association of Social Work Boards

An applicant who passed the required ASWB examination for another jurisdiction must request an Official Score Report. This request can be made by phone by calling 1-888-579-3926 or on line at www.aswb.org. The Official Score Report must be sent directly to the Board.

STATE EXAM

An applicant who passed a state constructed test must request a License Verification from the out-of-state Board(s) using the enclosed form. The license verification is sent to the applicant and must remain in the sealed envelope.

NASW – National Association of Social Workers

An applicant who passed the ACSW examination must request an “ACSW Verification Letter.” This request can be made by phone, 1-800-638-8799 Ext #293 or Ext #367. The ACSW Verification Letter should be mailed to you and must remain in the sealed envelope.

PROFESSIONAL REFERENCES:

Using the enclosed forms, applicants are required to submit three (3) professional references.

EMPLOYMENT CERTIFICATION:

The enclosed employment certification form must be used by an applicant to document that she/he has completed at least 1,000 hours per year of compensated social work practice for 5 years out of the 10 years preceding application to the Board.

If additional forms are needed, you may photo copy this form.

The upper portion is completed by the applicant and the lower portion completed by the Director **or** Personnel Officer, **ALL ITEMS MUST BE COMPLETED.** The employer should return the completed form to you. You may open it to determine if the employer completed the entire section.

RESUME:

The applicant’s resume should document a complete employment history. However, for licensing purposes, the resume must provide a detailed description of the social work practice associated with employment sites and time frames found on the employment certification form(s).

OFFICIAL TRANSCRIPT:

The official seal of the college/university is required on all transcripts with the date the MSW degree was awarded/conferred. The official transcript must be submitted in a sealed envelope with the application packet. Please do not request the college/university to mail the official transcript directly to the Board.

FOREIGN DEGREES:

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE's written determination and a copy of the foreign transcript must be submitted with the application. www.cswe.org or 703-683-8080

OFFICIAL ADDRESS OF RECORD:

All social work licensees should be aware that the mailing address provided to the Board is the official address of record to be kept in the Board's files and is considered part of a public record.

NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

USE OF DATES:

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present."

DOCUMENTATION:

All documentation and required forms must be mailed to the Board in one application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD.

FEES:

A \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

A \$75.00 initial licensing fee will be required when the application is approved. **DO NOT SEND THIS FEE WITH THE APPLICATION FEE.** The Board will notify you when the fee is due.



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NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014

Effective January 1, 2014 the Maryland Board of Social Work Examiners (the “Board”) is mandated to require applicants for licensure to submit to a full Criminal History Records Check which includes both State and FBI checks. The statute, which allows the Board to receive this information, is Health Occupations Article, Annotated Code of Maryland, Title 19 Social Workers, sections §19-302(a)(6) and §19-302.2. The legislation authorizing the Board to collect this information is House Bill 806 and Chapter 391.

Criminal History Records Checks are conducted by being fingerprinted. In order to be fingerprinted you will need the following: **CJIS Authorization #1300005486** **FBI ORI #MD920513Z**

The cost is **\$54.50** (\$34.50 is the cost of the background check and \$20.00 is the cost of the fingerprinting service). The fee must be paid directly to the provider. **Cash is not accepted. All fees must be paid by major credit card, check or money order in United States currency. The Central Repository cannot accept cash.**

For additional information contact CJIS, Criminal Justice Information System at 410-764-4501 and for a current listing of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

FOR FAST AND ACCURATE SERVICE

1. When requesting a Criminal History Records Check, from the State and FBI, you must inform the fingerprinting center, “provider,” that you are applying to the Maryland Board of Social Work for licensure and provide the authorization numbers (listed above.)
2. You must bring a valid form of government identification to the fingerprinting center, “provider,” you have selected from the list. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
3. Complete the Livescan Pre-registration Application and bring it to any fingerprinting center. Fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>
4. Bring payment as indicated. Major credit cards, check or money order in United States currency. Cash is not accepted.
5. Do not send the Maryland Social Work Board any receipts. The Board will receive the results from the Criminal History Records Check directly from CJIS, usually within 5 business days.
6. If the Board has not contacted you within 7 business days, please do not contact the Board. Please contact the provider you used for fingerprinting to verify when it was submitted.
7. **Even if you had a recent background check, a “NEW” background check is required as part of the licensing process.**

(MD-BSWE – Notice Included in Application – January 2014)



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

CHRC – CRIMINAL HISTORY RECORDS CHECK

FOR APPLICANTS RESIDING IN MARYLAND

#

Step #1 Mail your application for licensure to the Board

Do Not Complete the CHRC before you submit your application in licensure

Step #2 Take the “Livescan Pre-Registration Application” to a fingerprinting location

Do Not Mail the “Livescan Pre-registration Application” to the Board

For a current listing of fingerprinting providers in Maryland go to
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

FOR APPLICANTS RESIDING IN ANOTHER STATE #

The CHRC application **cannot be faxed or emailed to you**

Step #1 Mail your application for licensure to the Board

Step #2 Send an email to:

Beverly Lewis – beverly.lewis@maryland.gov

Step #3 Indicate that your application for licensure was mailed and that you are currently residing in another State

Step #4 Request an application for a Criminal History Records Check

Step #5 Provide your legal name & your out-of-state mailing address

Step #6 You will receive 2 fingerprinting cards and a return envelope

Step #7 Go to a fingerprinting location in your area to be finger printed

Step #8 Mail the 2 cards, using the return envelope, to CJIS, P.O. Box 32708, Pikesville MD 21282-2708

Do Not Mail the Application for a CHRC to the Board



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name

Date of Birth SSN Gender: ☐ Male ☐ Female (Please Check)

Height: ft. inches Weight lbs. Eye Color Hair Color

Race ☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Other (Please Check)

Place of Birth Citizenship

Current Address

City State Zip Code

Daytime Phone Evening Phone Driver's License

AGENCY INFORMATION

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: (Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Private Party Petition
	<input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City State Zip Code

EDUCATION

Name on Official Transcript _____

Year MSW Obtained _____

College / University _____

State _____

LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD

List **ALL** (Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

APPLICANT'S AFFIDAVIT

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date _____

Signature _____



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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<http://www.dhmh.maryland.gov/bswe/>

PROFESSIONAL REFERENCE FORM

LCSW & LCSW-C BY ENDORSEMENT (GREATER THAN FIVE YEARS)

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Worker "LCSW"

☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name Home Number
Current Mailing Address Office Number
City State Zip Code Cell Number

To:

Name of Reference
Address
City State Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

SIGNATURE _____

DATE

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of _____

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)
(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference Position/Title
Address Phone Number
City State Zip Code

SIGNATURE _____

DATE



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PROFESSIONAL REFERENCE FORM

LCSW & LCSW-C BY ENDORSEMENT (GREATER THAN FIVE YEARS)

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Worker "LCSW"

☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name Home Number
Current Mailing Address Office Number
City State Zip Code Cell Number

To:

Name of Reference
Address
City State Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

SIGNATURE _____

DATE

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of _____

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference Position/Title
Address Phone Number
City State Zip Code

SIGNATURE _____

DATE



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PROFESSIONAL REFERENCE FORM

LCSW & LCSW-C BY ENDORSEMENT (GREATER THAN FIVE YEARS)

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Worker "LCSW"

☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name

Home Number

Current Mailing Address

Office Number

City

State

Zip Code

Cell Number

To:

Name of Reference

Address

City

State

Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

SIGNATURE

DATE

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of _____

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference

Position/Title

Address

Phone Number

City

State

Zip Code

SIGNATURE

DATE



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EMPLOYMENT CERTIFICATION FORM

For Licensure By Endorsement for Applicants with 5 years out of the past 10 years of SW Practice at an Advanced Licensure Level

THE FOLLOWING IS COMPLETED BY THE APPLICANT, THEN FORWARD TO THE EMPLOYER.

I am applying for Maryland Social Work license as a:

☐ Licensed Certified Social Work "LCSW"

☐ Licensed Certified Social Work - Clinical "LCSW-C"

Applicant's Name

Address

City

State

Zip Code

Agency Name

Address

City

State

Zip Code

APPLICANT'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

Signature _____

Date

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER (PLEASE COMPLETE THE ENTIRE SECTION)

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed at an advanced licensure level such as a Licensed Certified Social Worker or a Licensed Certified Social Worker - Clinical.

I certify that the applicant, _____, was employed by the agency named above in the capacity of

(position held) _____

Dates of Employment: From

To

The applicant, named above, completed _____ hours, per year, of advanced social work practice.

Was the social work practice clinical social work? ☐ Yes ☐ No

Name of person completing the form _____

Title _____

EMPLOYER'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct.

Signature _____

Date

Title

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE



STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

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VERIFICATION OF AN OUT-OF STATE LICENSE

For Licensure By Endorsement for Applicants with 5 yrs out of the past 10 years of SW Practice at an Advanced Licensure Level

To Board of Social Work of

From: Name

License Number

Address

City

State

Zip Code

Full Name

License Number

Level of Licensure

Issuance Date

Expiration Date

Status ☐ Active ☐ Inactive ☐ Non-Renewed ☐ Other

Date of Exam

Level of Exam ☐ Masters ☐ Advanced Generalist ☐ Clinical ☐ Grand fathered (Exam Waived) ☐ Other

DISCIPLINARY ACTION: ☐ None ☐ Yes (If yes, please attached disciplinary order(s))

Comments

Signature

Date

Board Seal

Printed Name

Title

Social Work Licensing Board of

E-mail Address

Office Phone Number

Please Mail The Completed Verification To The Social Worker (the social work needs to keep the verification in the sealed envelope)